

Kentucky State Aid to Local Agricultural Fairs Program
Kentucky Department of Agriculture
Division of Shows and Fairs

FINANCIAL STATEMENT AND RECORD OF ENTRIES

Name of Fair _____

Dates of Fair _____ 20 _____ County _____

Estimated Total Fair attendance _____

RECEIPTS

- | | |
|---|----------|
| 1.) Balance on Hand (at beginning of fair year) | \$ _____ |
| 2.) Receipts (all income) | \$ _____ |
| 3.) Total (Add Lines 1 and 2) | \$ _____ |

EXPENSES

- | | |
|--|----------|
| 4.) Premiums Paid Out in Approved Livestock Classes
(From attached Form C's) | \$ _____ |
| 5.) Premiums Paid Out in Other Approved Agricultural
Classes (From attached Form C's) | \$ _____ |
| 6.) Cost of Awards (trophies, ribbons, etc.) in the
Above Classes (From attached Form B) | \$ _____ |
| 7.) Premiums Paid In Approved Horse Events Classes
(From attached Form C's) | \$ _____ |
| 8.) Cost of Awards (trophies, ribbons, etc.) In the
Above Horse Classes (From attached Form B) | \$ _____ |
| 9.) Purses Paid in Approved Harness Racing Program
(From attached Racing Secretary's Forms) | \$ _____ |
| 10.) Premiums Paid in Fair Classes and Contests Not
Approved for Aid (including cost of awards) | \$ _____ |
| 11.) Other Expenses (salaries, rentals, upkeep, etc.) | \$ _____ |
| 12.) Total expenses (Add Lines 4 through 11) | \$ _____ |
| 13.) Balance (Subtract Line 12 from 3) | \$ _____ |

I hereby certify that, to the best of my knowledge and under penalty of law, the above information is complete and accurate and that all exhibits listed on the attached Form C's were the bona fide property of the exhibitors.

SIGNED _____

TITLE _____ DATE _____

NOTE: This signed, notarized report must be received in the offices of the Division of Shows and Fairs by December 1 in order to be processed for payment. Mail to: Kentucky Department of Agriculture, Division of Shows and Fairs, 100 Fair Oaks Lane, Suite 252, Frankfort, Kentucky 40601.

For Notary Public's Use:
REPORT MUST BE NOTARIZED!

Subscribed and sworn to before me by _____,

this the _____ day of _____, 20 _____.

Signed _____

My Commission expires _____